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## SECOND TRIAL IN THE CONCOURS AT PARIS.

[See page 191.]

THE second trial in the Concours for the late Baron Boyer's chair of clinical surgery terminated on the 4th of July. We regret that we can give only a very faint outline of the excellent lectures delivered by several candidates, because, whether from increased emulation, or that the subjects treated of were more calculated to show off the powers of a speaker, the lectures during this trial were superior to those which we have already published at much greater length.

### LECTURE OF M. BLANDIN.

(June 27th.)

#### *First Patient.*—CHRONIC ENLARGEMENT OF THE AMYGDALÆ.

M. BLANDIN had two patients—Salle St. Marthe, Hôtel Dieu, Nos. 28 and 66. One was a bookseller's clerk, a young man of twenty-three years of age; he was of a nervous and lymphatic temperament; the chest was narrow, &c.; he had been frequently subject to angina tonsillaris. (Here the speaker gave a very clear and good description of the symptoms.) In the interior of the mouth were two tumors on the right and left sides, unequal in form, extending more vertically than in the transverse direction, and furnishing a quantity of muco-purulent secretion. The chest did not exhibit any symptoms of disease; the sound was good, the respiration free; there was no engorgement to be perceived externally. The diagnosis is a chronic enlargement of the amygdalæ.

The tumors with which this patient is affected are not dependent on a tumefaction of the ganglia of the neck, for we did not perceive any inequality or tumor externally; they do not either depend on a cancerous affection of the amygdalæ themselves; for cancer, as it seldom attacks the two mammæ at the same time, is hardly ever seen affecting the two amygdalæ simultaneously; besides, the patient has never experienced any lancinating pain, &c. in the part. The tumors do not depend on affection of the lymphatic system, for, as was said, the ganglia are not enlarged; they are the consequence of frequently repeated inflammation of the amygdalæ. One of the most remarkable symptoms in this disease, is the passage of alimentary matter from the pharynx into the posterior part of the nasal fossæ; this was explained by M. Blandin, and referred to the impossibility of elevating the velum palati by the different muscles. As to the prognosis, it is favorable. In most cases resolution never takes place, or occurs very rarely; however, the inflammation can rarely ter-

minate in death, nor the cancerous degeneration. Sometimes the amygdalæ and surrounding parts are seized with a violent acute inflammation; here, if the disease be neglected, the tumefaction of the parts may prevent altogether the entrance of air into the lungs, suffocation will supervene, and death be the consequence.

Wherever, then, the amygdalæ are so much swollen as to threaten a danger of this kind, they should be removed; antiphlogistics, blisters, discutients, &c., are of very little value. Here the speaker entered into a complete history of the different methods of operating. Cauterization should be rejected, and the ligature is inapplicable on account of the largeness of the base of the tumor; excision is, therefore, the only means which can be employed without danger; but we must not attempt to remove the amygdalæ in totality. Beclard saw a case of this kind operated upon by a charlatan at Angers; the internal carotid was wounded, and death instantly produced. M. Blandin now described the operation which should be employed in preference to the others. When the patient is reasonable, it is unnecessary to place a wedge between the teeth; he also recommended cutting with the bistoury at first from above downwards, and then from below up, without giving his reason for the preference, and praised the instrument of M. Marjolin, which seizes and holds the tumor better than the hooked forceps of Museux.

The effects produced by this operation are, in general, very simple; however, in one case, M. Blandin saw excision of the amygdalæ give rise to a weeping of blood, which threatened the patient's life, and was arrested with the utmost difficulty.

#### *Second Patient.—BUBO.*

The second patient was a currier, 26 years of age, weakly formed, with a narrow chest, &c. Twenty or thirty days ago, while endeavoring to lift a weight he felt some pain in the left groin, and has now a tumor in the part. The bubo is large, elongated from above downwards and from within outwards; its base rests on the femoral vessels. In the most elevated part of the tumor may be felt a superficial fluctuation, and the skin here is red, and seems ready to open. Below and externally there is another point of fluctuation, which is deep-seated; here, again, the skin is red and little altered; the hand placed upon the tumor is elevated by the pulsations of the femoral vessels. As to the cause, M. Blandin remarked how the patient attributed the tumor to an effort. He was submitted to a strict examination; there was no appearance of congenital phymosis; no running from the urethra or blenorrhœa; the patient pretended not to have seen a woman for a year. There was no wound on the toes, leg, thigh, penis, scrotum, perineum, &c., in a word, nothing to explain its existence. The tumor in the present instance might be attributed to a hernia, an abscess by congestion, or an aneurism, &c. (Here the speaker sought to fill up his time by a long digression on the differential diagnosis of bubo from hernia, aneurism, &c.)

The tumor in the case before us is not a crural hernia, for on making pressure upon the abdominal parietes we did not find any continuity upward. It is not affected or displaced when the patient coughs; besides, it commenced externally, and then extended upwards and inwards.

It cannot be attributed to an aneurism of the femoral artery, for the pulsation observed in the tumor is merely a movement of elevation and depression, not of expansion; besides, though of recent date it is already very large, which does not correspond with the growth of an aneurism. It is not an abscess by congestion, because there were no premonitory symptoms of inflammation, or pain in the limbs, &c. Nor is it cancerous, because cancer very rarely affects the ganglia primitively. Is the bubo then idiopathic or of a syphilitic origin? M. Blandin hesitated to conclude the former, and said it might perhaps be attributed to a venereal affection, although there was no discharge from the penis, and the patient affirmed not to have touched a woman for twelve months.

The treatment should be antiphlogistic, and consist in the application of leeches to the part, cataplasms, absolute rest, and diet. The tumor may be opened by the surgeon, or we might leave the case to nature, but then the collection of pus will be greater. To open the bubo, is the bistoury to be preferred to the caustic potass? M. Blandin did not decide this question in a positive manner, although he seemed to incline in favor of the caustic, from certain facts which he had observed at the *Hôpital Beaujon*. As to antisymphilitics, the speaker thought, on account of the uncertainty of the case, that they should be deferred until the appearance of secondary symptoms.

It will be seen by the brief analysis which we have just given of M. Blandin's lecture, that he was much embarrassed by the unencouraging nature of his subject, and compelled to enter into various digressions little connected with the case before him. It also appears that the second patient was actually affected, at the time of examination, with an acute gonorrhœa, which escaped his notice, although from the presence of the bubo in the groin he seemed strongly inclined to deduce its existence.

[We are gratified in having two of the most extraordinary authentic cases of somnambulism on record, reported through the pages of the *Boston Medical and Surgical Journal*. Dr. Belden's interesting history of the Springfield somnambulist, Jane C. Rider, which was minutely detailed in our columns a few weeks since, was considered as a satisfactory explanation of a case which had previously excited a vast deal of speculation and interest. The following narration, from Dr. Barnard, whose veracity is entirely beyond suspicion, describes a case which is, on the whole, quite as interesting and extraordinary.—ED.]

#### CASE OF SOMNAMBULISM.

BY JOSEPH H. BARNARD, M.D. OF STANSTEAD, LOWER CANADA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I take the liberty of sending for publication, in your widely circulated *Journal*, the following case of Somnambulism, believing that the usefulness of our profession, as well as the interests of science, are most effectually advanced by giving publicity to every case in which we

witness a departure from the ordinary course of events. I have thought best to give a simple account of the progress and termination, the symptoms and the treatment, of this case—avoiding all theoretical speculation respecting the *modus operandi* of the perceptive and reflective faculties, or of the sentient organs—and to leave the facts themselves for the consideration of every one disposed to pry into the mysterious operations of nature.

To those who may be inclined to suspect anything of trick or deception in the patient herself or her attendants, I would merely observe that her character and that of all the family with whom she resides, for veracity and moral worth, is of the highest grade, and effectually places them above such an imputation. To those who deny the truth of such occurrences on the ground of their being a violation of the laws of nature, and whose self-complacency has never admitted the idea that a bare possibility exists that they themselves do not thoroughly understand such laws, I would simply offer the remark that the somnambulist in one of her reveries made to me. When, feigning a doubt of her sincerity, I observed, "You surely cannot see, Mrs. Cass, for your eyes are shut"—"Indeed," she replied, "that's very droll, *are you sure your own eyes are open?*"

That this case, though rare, is not unique, is shown by the case of the Springfield somnambulist—the very able report of which, by Dr. Belden, in your Journal of Sept. 10, I have just seen. The most extraordinary phenomenon, the extra-visual faculty, or clairvoyance, in both cases is the same. Dr. Belden's patient was able to read a newspaper with her eyes bandaged and a pamphlet interposed before the paper. His supposition that she was enabled to do this in consequence of the impression which she received before there was any obstruction to the vision, is certainly not very satisfactory; for if that were the case, after the first glance at it, the paper might have been carried off entirely or burnt, and she could have read the whole of it as well, or one side at least. But the fact corroborates the truth of Mrs. Cass's reading in the same manner, as hereafter related.

How far is the pathological state of these somnambulists analogous to the state of the system said to be produced by animal magnetism? The magnetizers pretend to produce the same state of clairvoyance, in which their subjects see with their eyes closed, through opaque bodies and even behind the head; but how far their marvellous stories can be accounted for by the influence of imagination over the functions of life—how far they are exaggerated accounts of simple events—or how far they are absolutely fictitious, I leave each one to judge for himself, and proceed to the case in point.

Mrs. Abigail Cass, of this town, aged 28 years, has been five years married—has never been pregnant, and has at different times suffered severely from sickness, in which the head has been much affected. Her health at the best has been delicate—her stomach weak and irritable—often subject to headache and soreness of the scalp—the capillary circulation languid, and coldness of the extremities. She had a severe fit of sickness in the spring of 1833, in which she had much sleep talking. She recovered, and enjoyed her usual health till last December, on the

21st of which she was taken with severe pain in the head, chiefly in the anterior part of it ; excessive soreness of the scalp, attended with delirium ; spasms in the muscles of the lower jaw ; much irritation of the stomach ; the power of vision nearly or quite suspended. After the violence of the attack had in some measure been subdued, her delirium subsided, and she began to have turns of reverie, or a state of sleep in which she talked much, composed poetry, prayed, exhorted, sung, &c.

I visited her for the first time, with Doctor Colby, her attending physician, on the fourteenth of January. She had then been confined to her bed from the commencement nearly three weeks ; her pulse was about eighty, small and hard ; tongue slightly furred ; pain through the temples, with excessive tenderness of the anterior part of the scalp ; vision nearly obscured, pupils dilated. She was awake when we entered the room, and answered our inquiries very readily. On holding a candle to her eyes for a moment to examine the pupils, it immediately produced nausea and vomiting, and spasms in the muscles of the lower jaw. She soon fell into a sleep or reverie, and commenced talking. She seemed to recollect what had occurred when awake, for she gave a particular account of her sensations from the effects of holding the candle to her eyes a few moments before. She continued in this state for about two hours, conversing most of the time. She expressed her ideas clearly and fluently, and sometimes, without any apparent effort, in verse. She was at this time unable to rise from her bed without assistance. Her stomach was so irritable that she could only bear the very lightest kind of nourishment, and that in the smallest quantity. The muscles of the lower jaw had become rigid, so that she could only open her mouth in a slight degree. Her bowels were rather costive, requiring occasional laxatives. The functions of the liver and the other digestive organs not much deranged.

In a few days from this time I removed to Stanstead, from Sherbrooke, my former place of residence, and Mrs. Cass came under the joint care of Dr. Colby and myself. Her health continued for some time without any improvement, the general symptoms remaining the same. When in her reveries, her eyes were always closed ; her limbs had frequently something of a convulsive movement ; her breathing was laborious ; her frequent moaning and her gestures indicated exquisite suffering. Yet her conversation was generally lively and cheerful, frequently sarcastic and witty. She would often sing ; and on one occasion, when she had asked some persons in the room to join with her, she suddenly awoke, and expressed much surprise at finding people singing about her bed, and still more when informed that she had been singing with them. Frequently she would pray and exhort in the most solemn and affecting manner.

Though she never had the slightest remembrance when awake of what passed in her reveries, yet when in them she recollected what passed in former ones, and often what occurred in the interval. She often imagined herself to be writing poetry, and would promise to read it then or at some future time, and, according to her promise, would recite what she supposed she had written. She seemed to be governed at all times by the strictest regard for truth, and if she made a promise, was sure to fulfil it. She once took a fancy to give a lecture to quacks, and appointed

the time at 6 on Monday evening. This was a day or two previous. Before the time appointed, she had several paroxysms and intervals. Feeling curious to see if she would keep her appointment, and if she did to hear her discourse, Dr. Colby visited her that afternoon. They supposed that the watch hanging in the room would be her guide, and determined to have tea before 6. It happened that all left the room to go to tea, with the intention of being back at the appointed hour. On returning, however, they found, to their surprise, that she was closing her lecture, which she did in these words—"You treat all diseases alike; you attempt to cure a corn on a man's foot with the same remedies that you would prescribe in my case. How foolish! how inconsistent is your conduct!" She appeared to have been speaking for some time, with much earnestness and animation, and was greatly exhausted with her efforts. Upon being asked why she had begun her lecture before the appointed hour, she answered that she had not, but that the watch was twenty minutes too slow, which was found to be the case.

After continuing an indefinite length of time in a paroxysm, she always awoke suddenly, and with an instantaneous and peculiar change in the expression of her countenance, and in her manner and appearance—so much so, that it was often remarked by visitors that she appeared to possess two distinct spirits, each in its turn presiding, separate and uncontrolled by the other.

Not long after my removal to Stanstead, "a change came o'er the spirit of her dream." She seemed to lose her poetic talent, and her conversation thenceforward was carried on in plain prose. This loss, however, was more than compensated by an extra power of vision or clairvoyance, which was now developed. Some remarks being made respecting the time in her hearing, when in a reverie, she immediately told the hour, and on looking at the watch she was found correct. This was about the time or soon after that she gave the lecture mentioned above. The watch hung on the wall on the opposite side of the room from her bed, and about ten feet from it. On being requested, she would tell the hour and minute by it, not only in the daytime, but also in the night when there was no candle in the room, and no light from the fire, which was in a stove. She was found correct in every instance. It was also seen that when in her reveries or paroxysms she knew every one (of her acquaintance) who entered the room—would immediately, on being requested, call their names and describe their dresses with accuracy. Books were handed her to read and to find passages in, which she did very readily. Attempts to deceive her by miscalling the name of a book, handing it to her bottom upward, or anything of the kind, she never failed to perceive at once, and would seem irritated by such attempts to impose on her. The interposing solid or opaque substances between her eyes and the book, so as to render the passing of rays of light from one to the other impossible, seemed to have no effect in obstructing her vision. The hand, a folded cloth, a pillow, a tea-tray, and other objects, were at different times held before the book, without impeding her when reading, and without her appearing even to notice that anything was in the way. She usually held the book in her hands at her arms' length before her, as she lay in bed—but in some instances it was

held for her by others. On one occasion that I was there, she called for a testament that had been sent her by a friend a few days previous, and which she had seen but once. She said she had promised to find a chapter for Mr. —. She opened it at the beginning, where was a picture of Nicodemus's visit to Christ, remarked that she had not seen that before, and told what it represented. She then turned to the fifth chapter of Matthew, said that it was Christ's sermon on the Mount, and pointed out with her finger where the chapter commenced. At this time it was so dark in the room that I could not distinguish anything in the book ; but on taking it to a light, I found she was correct.

Setting aside her clairvoyance, many of the mental faculties seemed excited to the highest degree, and to manifest powers that they were incapable of in a normal state. This was more particularly remarkable with ideality, wit, tune, time, and language. There was always more or less of ideality in every paroxysm ; for though she always appeared to recognize objects that were presented to her, or that were in the room, and would describe them with much accuracy, yet she frequently imagined others to be present, and not unfrequently that she was addressing an audience. Ridicule, raillery, and sarcasm, would often abound to a high degree in her conversation, which before her clairvoyance supervened was often versified to a considerable extent, without the least hesitation on her part or apparent effort. Though she has never learned to sing, and has seldom been known even to hum a tune when well, yet in her paroxysms she was very fond of singing (which she did with great sweetness and correctness), and hearing others sing. She possessed an accurate knowledge of time—not only recognizing the hour by the watch, but she seemed to have an idea of the true time, as she several times told that watches which were presented to her were out of the way, and how much.

After her clairvoyance was established, it did not always appear necessary that her face should be turned towards an object to perceive it. The head of her bed was against the wall through which the door opened into the room. When her head has been turned to the back side of the bed, she has recognized persons the moment they entered the room, mentioned their names, and spoke of their dress. She has also spoken of objects in that part of the room from which her face was turned, as if she perceived them, and particularly mentioned the time by the watch which hung there.

I have mentioned the mental faculties that were most remarkably excited ; and it may also be well to state in connection that that part of the head where phrenologists have located the organs of those faculties, was the seat of intense pain, and the skin over it so exquisitely tender that the slightest touch would cause her to shrink as from the approach of a hot iron.

The treatment, up to the beginning of February, had consisted in local depletion, vesication, external irritants, anodynes, and the regulation of the digestive organs by alteratives and mild purgatives. On the 8th of February she had become worse ; having had many visitors, and exerted herself much in talking, singing, &c., her paroxysms became longer, and she was more exhausted on coming out of them. Much distress of



the stomach, and vomiting. Was cupped over the stomach, but without much effect. On the 9th, found her very weak. Stomach rejects everything; pulse small and wiry. We at length succeeded in tranquillizing the stomach by minute doses of musk every fifteen minutes, and the effervescent mixture occasionally.

10th.—It was resolved to try the warm bath. We had one prepared at the temperature of 98 Fahrenheit, in which she was placed and remained three minutes; was then taken out and put to bed. She was very much exhausted by this; her extremities became cold, her pulse a mere thread, and her respiration hardly perceptible. It was nearly half an hour before we could succeed in producing a reaction. Indeed, I was for some time afraid that the glimmering taper would expire on the socket, in spite of all our efforts. But when the powers of life had rallied, I was highly gratified to observe a favorable change; her head and stomach were much relieved, and her respiration more full and free. She soon passed into a reverie, when she immediately exclaimed, "I am blind—I can't see at all. Before I was put into the bath I could see very well, and could read any book; but now I can't see at all." From this moment she lost her clairvoyance, and a gradual amendment took place in her symptoms. The warm bath was continued occasionally, as she could bear it, for several weeks, when she had so far recovered as to sit up most of the time, and dispense with medical attendance.

Her health continued as good as usual through the spring and summer, except that she has been more subject of late to attacks of a spasmodic character, in which she will sometimes lay for some minutes without sense, and helpless; at other times she merely has slight symptoms of them—but hardly a day passes without her feeling more or less of them. When anything occurred to excite her mind, as attending meeting or receiving company, she would be apt to talk much in her sleep the night after, frequently to sing a good deal, and sometimes get up and dress herself and go about some work. Once she got up, dressed herself, set the table, and arranged everything for tea, mostly in the dark, till the family heard her, when some of them rose and lit a candle. When she had finished, she observed, "I feel unwell, and shall lay down, and wish you to wait on the company."

On the 25th of August she had a severe spasmodic attack in the evening. She fell on the floor before she could reach her bed, and in falling struck her head against a table. Being alone, she lay some time before any of the family discovered her situation. In consequence of the absence of Dr. Colby and myself, they could get no physician till the next day about noon, when I arrived. She had lain till that time without any sense or motion of her limbs; her pulse was small and irregular. By the use of cordials and warm frictions, she revived somewhat, yet appeared at first in a reverie; but on opening a vein she awoke, quite surprised at the situation in which she found herself. It was two or three weeks before she recovered her usual health.

Having seen in the August No. of the American Journal of Medical Sciences, an account of the beneficial effects of galvanic plates in several neuralgic affections, I determined to test their efficacy in the case of Mrs. Cass. I accordingly prepared two oval plates, one of silver and



one of zinc, the large diameter about 2 inches and the small about 1 1-4 inch, and on the 25th of September applied them in the manner described in that Journal. The blistered surfaces on which the piles were placed were very sore for a few days, and produced some stiffness in the neck and lameness of the knee. But a favorable change was effected in the circulation; pulse fuller and firmer; feet warm; less heat about the head; soreness of the scalp and heaviness of the eyes considerably abated. She wore the plates till the 5th of October, and during that time was entirely free from her spasmodic affection, and from any costiveness of the bowels, to which she was before somewhat subject. She then omitted the use of the plates till the 8th, when finding herself growing worse, and her former complaints returning, she very willingly resumed the use of the apparatus, and has continued it up to this time. It has been attended with all the beneficial effects she first experienced; her head is much relieved; the action of the capillary system is excited, and warmth restored to the extremities; she is free from any somnambulism or nervous excitement, and the functions of the different organs are generally performed in a regular and healthy manner.

*Stanstead (Lower Canada), 17th October, 1834.*

#### CASE OF WOUND OF THE CORNEA,

FOLLOWED BY ACUTE GENERAL INFLAMMATION OF THE TEXTURES OF THE GLOBE (EYEBALL), WITH HYPOPIUM.

[Communicated for the Boston Medical and Surgical Journal.]

PATRICK GILCHRIST, laborer, aged 38. Three weeks since, while employed in loading a boat with stone, he received a smart blow from a fragment of stone upon the cornea of the left eye. He suffered a severe pain at the time of the accident, but continued at work till within a few days, when the state of the eye obliged him to desist.

*Aug. 15, 1834.*—The eye now presents the following appearances, viz.: the conjunctiva and sclerotic much injected; the ciliary circle, in particular, is highly vascular, and some vessels pass over the lower margin of the cornea; nearly opposite the pupil, and a little below the axis of vision, is situated an ulcer of the cornea, having an irregular, jagged surface, and a sluggish aspect (whether this ulcer is the result of an abscess of the cornea, opening externally, or was produced by the usual process of ulceration, admitted of a question; but for all practical purposes, the diagnosis is unimportant); the cornea, nearly throughout its whole surface, is hazy and has a dull, muddy appearance, resembling the eye of a fish after death. In the anterior chamber is a deposit of pus of a yellow color, and of unusual tenacity, exhibiting less change of situation than usual upon change of posture of the patient; this occupies a large portion of the anterior chamber of the eye, reaching nearly to the lower margin of the pupil, which aperture is considerably contracted, irregular at its margin, and without motion. The state of the iris cannot be satisfactorily ascertained, owing to the nebulous or hazy condition of the cornea, but it has evidently undergone a change of color, from the deep blue

color presented by the iris of the opposite eye, to a greyish hue, as if from an effusion of lymph; while at the same time red vessels and spots of blood may be discovered upon its anterior surface—a not uncommon occurrence in severe iritis, from whatever cause arising. Epiphora and photophobia not extreme. Vision in the affected eye is of course nearly extinct, the patient having an indistinct perception only of large objects; countenance pallid and unhealthy; tongue has a thick brown coat, attributed (by the patient) to the free habitual use of tobacco; pulse quick, tremulous and rather feeble; denies that he is addicted to the use of alcoholic stimulus, though his general aspect leads to the belief that his health is impaired by some previous indulgence in that respect. Has had no medical treatment, excepting a cathartic dose of sulphate of magnesia, and a stimulating ointment, the application of which had aggravated the pain and distress of the inflamed organ excessively. Upon examination of the ointment, which he had been directed to “rub to the eye,” it appeared to be the *nitric oxyd of mercury*, or *red precipitate ointment*.

What, then, would be the probable and indeed almost certain result of this case, if left to itself? Ulceration having taken place in the substance of the cornea, and the anterior chamber being distended with purulent matter acting as a foreign substance, it would be expected that nature would take the most direct course for the discharge of that matter externally, as in an abscess of any other part. Then by the gradual process of ulceration, the cornea being penetrated, the contents of the anterior chamber of the eye are evacuated, the iris comes forward and fills up the aperture; adhesion between this membrane—which it may be recollected takes on the adhesive process (inflammation) very readily—and the edges of the ulcer, follows, and partial or total staphyloma of the cornea ensues. Vision is in this case either irrevocably lost or much impaired, according to the degree and opacity of the staphyloma and the extent to which the iris is involved. The cicatrix is of course leucomatous or indelible.

But little encouragement was held out to the patient, under these unfavorable circumstances, that any degree of vision of the eye could be restored at this late hour; but moderately active treatment (depletory), having reference to the reduced state of the system, was at once and without hesitation adopted.

The pain continuing severe, and affecting the eyebrow and temple (of the left side), he was bled moderately from the arm, which induced sudden and complete syncope. This was followed by relief of the pain. Having had his bowels moved, he was directed to take, at bedtime, a pill containing two grains of calomel with one grain each of opium and camphor, and the ensuing morning to have an active cathartic. Rest from labor and the strictest diet were enjoined.

*Aug. 17.*—No change has taken place in the appearance of the eye, except a diminished vascularity of the conjunctival vessels. He states that the pain in the brow and the eye returned the night succeeding the venesection, but the paroxysm was not of so long continuance as it had been previously. It had usually commenced in the latter part of the day, remitting towards morning, the remission being more or less complete, until the succeeding evening.

Was now cupped upon left temple to eight ounces, which again induced syncope. Directed to continue pill of 15th, and cathartic the following morning. May bathe the eye with tepid decoction of poppy leaves.

*Aug. 18.*—The ulcer of the cornea remaining sluggish, was touched with a pencil dipped in a saturated solution of nitrate of silver. Pus has not increased in the anterior chamber. Take two grains of calomel, with a fourth of a grain of opium, every morning, and the pill of 15th at bedtime, until gums become slightly affected.

*Aug. 20.*—The pain in the neighborhood of the eye has been more severe: the application of the nitrate of silver occasioned considerable smarting, without any perceptible improvement in the state of the ulcer, and it was, at the urgent solicitation of the patient, omitted from that time. Appearance of the purulent contents of the anterior chamber remains unaltered; cornea less hazy; thinks his vision is somewhat clearer. Six ounces of blood were taken from the temple by cups; a blister was then applied to the nape of the neck, and the diluted extract of stramonium (a precaution never to be omitted where inflammation of the iris is present) was directed to be smeared round the brows night and morning.

*Aug. 22.*—Pain much diminished; the deposit of pus is beginning to be diminished by absorption, but no great improvement in vision; the ulcer of cornea is filling up with granulations, the surface being quite irregular. Continue pill night and morning.

*Aug. 26.*—The pus has been rapidly absorbed, now presenting merely the appearance of a yellowish line at the bottom of the anterior chamber; the ulcer healing; the superior half of the cornea clear and transparent, allowing for the first time, since his application, a distinct view of the iris and pupil. The pupil is contracted to a mere point, the pupillary margin of the iris being very irregular, and tied down in every direction by effused fibrin or coagulable lymph, which nearly closes this aperture, constituting, as in the former case, spurious or false cataract. Here, then, is to be found the chief cause of the great diminution of vision occurring in this case; and this point, viz. inflammation and effusion of lymph into the pupil and substance of the iris, should not escape our attention in all severe cases of injury of the cornea, especially if attended with inflammation or congestion of any of the internal parts of the eye. Continue remedies.

*Aug. 28.*—No trace of matter in the anterior chamber; pupil somewhat dilated by the influence of the stramonium, but still confined by the lymph thrown out in the early stage of the inflammation; a large flake of fibrin or lymph lies in the pupil, but does not now entirely close that aperture. Ulcer nearly healed; conjunctiva and sclerotic free from vascularity. Wishes to return to his work.

*Sept. 4.*—Ulcer of cornea has completely cicatrized, leaving an opacity of much smaller extent than might have been anticipated, and that fortunately situated below the axis of vision; state of the iris and pupil same as at preceding visit; vision improving. Omit pills, as gums have become tender. May return to his work.

R. Sulphatis Zinci, gr. v. Aquæ Distillatæ, 3 iss.

Misce et cola, ut ft. Collyr.

Introduce a few drops of this into the eye, four or five times each day.

By what mode or process could the original injury of the cornea occasion in the above case an inflammation of the other textures of the eye and morbid changes to such an extent? At the time of application (three weeks from the accident), there was no interstitial abscess or onyx of the cornea, nor any very severe inflammation of that important membrane. Were these textures affected secondarily or by sympathy with the injured cornea; or was the violence of the blow sufficient of itself to produce the morbid symptoms manifested in the different textures, as usually happens in severe injuries of the eyeball exciting deep-seated inflammation and loss of vision?

The pus was probably secreted, as in the case of McCoy (see Med. Journ. p. 159), from the surface of the inflamed iris and lining membrane of the cornea.

*Sept. 16.*—The cicatrix left by ulcer is somewhat depressed or concave, or as if the spherical superficies or surface of the cornea had been hacked off; cornea otherwise transparent. The lymph in the pupil is reduced nearly to a shred, at its lower part, with a point of the inferior margin of the iris strongly adherent to it (best seen by looking obliquely into the eye, as in the examination of cataract); this point must have, of course, an adhesion to the capsule of the lens, one of the most common results of severe iritis. The superior two-thirds of the pupil are free from adhesions of any kind, and act well under the natural stimulus of light. Vision enables him readily to distinguish the hour by a watch, and other small objects.

E. J. D.

*Boston, October, 1834.*

## CASE OF EXTENSIVE INJURY OF THE BRAIN, FROM THE KICK OF A HORSE.

BY STEPHEN W. WILLIAMS, M.D. LATE PROFESSOR OF MEDICAL JURISPRUDENCE  
IN THE BERKSHIRE MEDICAL INSTITUTION, ETC.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—I send you the following case of Injury of the Brain, not so much on account of the treatment, or termination, as to show how wonderfully the powers of the mind may be sustained under extensive lesions and even destruction of that organ.

*CASE.*—On the 12th of February, 1831, at the time of the great solar eclipse, a child of R. D., aged 6, while playing with a horse, received a kick upon the side of his head, which fractured the temporal and parietal bones to a great extent. He was taken up apparently dead and carried into the house, and I was immediately sent for. He had bled most profusely, and had revived a little before I arrived. I shaved the head, and enlarged the wound with a scalpel. The skull was very badly fractured, and the bones were driven directly into the brain. I called a consultation of my professional brethren, who advised an examination of the wound, and with great difficulty without the trephine, I introduced my elevator, and made out to raise a portion of the temporal bone about the size of a dollar, and removed another portion of the parietal bone about the same size. The wound bled most profusely from the dura mater.

arteries, and we thought the little patient would inevitably die from loss of blood. Large portions of brain escaped through the wounded dura mater. Warmth and stimulants brought on reaction, and the patient passed a tolerably comfortable night. He, however, remained rather comatose.

Looked at the head the next morning. There was too much tumefaction.

14th.—Removed the dressings. Large quantities of brain and fungus protruded. Applied dry lint. The patient appeared to be returning to his senses. The dry lint seemed to operate well, as was observed at the next dressing.

In a few days the fungus and brain protruded very much, and his parents and friends requested me to send to Dr. Twitchell, of Keene, for advice. He directed repeated small bleedings to reduce the action of the heart and arteries, hoping that in this way we might be able to subdue the action of the blood in the fungus, which produced it, and finally to pare it off even with the skull. The next day the patient was no better, and we requested Dr. Twitchell's attendance. At this time the brain and fungus protruded to more than the size of a goose-egg. Still his faculties did not seem to be impaired, and he was able to repeat the principal part of the stanzas of Peter Parley upon the first settlement of America, which he had previously learnt. Dr. T. directed, in addition to his other prescriptions, the use of a solution of the chloride of soda, and purified pyroligenous acid. The latter preparation had a most wonderful effect upon the fungus, diminishing it in size one half within a week; but his comatose symptoms increased in a day or two, and continued to progress till Monday, the 7th of March, when he expired.

The fungus had subsided almost entirely at the time of his death, and the skull was completely hollow beneath it. I should judge that three wineglasses full of brain had been lost from the right side of his head.

*Quere.* It being so hollow beneath, what occasioned the brain and fungus to protrude? and quere further—How was it possible for him to retain his faculties so perfectly after the loss of so much brain? I leave the questions to the investigation of physiologists and cranioscopists.

*Deerfield, Mass. Oct. 25, 1834.*

P. S.—I take this opportunity to return my sincere thanks to your numerous correspondents for their able replies to my inquiries respecting Sal Jovis, Salt Rheum, &c. proposed in your Journal of the 17th of September, over the signature of W. W. Much valuable information has been elicited in these replies upon the subject; and much might be learned from an investigation of many of the obsolete terms of many of the ancient preparations of valuable medicines, and of many of the diseases which have been written upon by the fathers of the healing art. The terms applied to calomel by some of the early writers upon *Materia Medica* were—*Draco mitigatus*; *Aquila mitigata*; *Manna metallorum*; *Panchymagogum minerale*; *Panchymagogus querutanus*; *Sublimatum dulce*; *Mercurius dulcis sublimatus*; *Calomelas*; the tamed Dragon, &c. &c. &c.; “and yet,” says Paris, “there is not a name in this list that is so objectionable as the one at present adopted by our colleges.” With-

out a great deal of investigation and research, most of these terms would be unintelligible to most modern physicians. And so of many other valuable preparations of medicine. It is hoped that the investigation will be pursued. I should still be further obliged to any of your correspondents who would inform me and the public, through the medium of the Journal, where the genuine acetate of tin may be obtained, as the preparation of it on a small scale must be perplexing. S. W. W.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 5, 1834.

### DEATHS FROM CHOLERA IN QUEBEC.

WE are indebted to Dr. J. Z. Nault, Secretary of the Health Committee of Quebec, for the fortieth and last Bulletin issued by that Committee, dated the 29th of September last, containing a tabular statement of the number of interments during each of the twelve weeks in which the cholera has prevailed in that city the present year, and also the number during the former prevalence of the disease in the year 1832. From this comparison it appears that the deaths from cholera alone, in 1832, were nearly twice as numerous as the total from all diseases during its existence in 1834. The following is a brief abstract of the report.

Grand total of deaths in 1834, for the twelve weeks :—Cholera, 930 ; others, 576. Total, 1,506, including 441 children.

Grand total of deaths from cholera in 1832, 2,218.

At the Marine (Cholera) Hospital there were admitted, the present year, from the 18th of July to the 29th of September, 264 cholera patients, of whom 144 died and 120 were cured. Of these, 17 were children, of whom 7 died and 10 were cured. Females, 82 ; 36 died and 46 cured. Males, 165 ; 101 died and 64 cured. 73 of the above were sailors, of whom 48 died ; 156 emigrants, of whom 83 died ; and 35 Canadians, of whom 13 died. The ages of the patients were :—from 10 to 20 years, 29—died, 12 ; from 20 to 30 years, 79—died, 44 ; from 30 to 40 years, 50—died, 30 ; from 40 to 50 years, 49—died, 24 ; from 50 to 60 years, 23—died, 15 ; above 60 years, 17—died, 12.

### QUACKERY.

A CORRESPONDENT in Virginia makes the following spirited observations at the close of a letter received from him the last week, which we apprehend will be responded to by every medical man in the country.

“ The deluded quacks, Thomsonian steamers, are captivating the more credulous part of our community with their disgusting empiricism, to a considerable degree. But their votaries are learning, as fast as time can move, in that dearest of all schools, the school of experience. Their imposition is soon seen, so that this flying treachery leaves, ere it has commenced, no other trace than horrid devastation. Although charlatanism so base, so ridiculous, and so destructive, must soon sink, to rise no more, humanity inclines us to interfere so far as to warn our friends, par-

ticularly when we reflect that the good of man is our aim. I deem it the duty of every physician who is an advocate for science, and a lover of humanity, to discountenance the foolish empiricism of our country in every possible manner. Let the scientific physician be admonished to discountenance, in the highest degree, through the medium of journals, &c., the nostrums of the day, patent (alias quack) medicines, and every species of empiricism, elevating thereby our profession to its deserved station. It behooves scientific physicians to suppress as far as they are able quackery in whatever form it may appear, and I hope the Medical Journals will not be remiss in awakening them to this important duty."

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*Spectra of the Eye and Seat of Vision.*—A lady, Mrs. Griffiths, has written a learned communication, accompanied by drawings, in the London and Edinburgh Philosophical Magazine for September, in which she says that "*the office of the retina is to contract and dilate the pupil.* When the pupil contracts, the intersections or meshes of the retina are elongated, and of course are thinner, and the interstices or squares between are larger. When the pupil dilates, the lines or meshes, or intersections, whatever they may be called, are thicker, and the spaces between are smaller: surely this proves that the retina is of an elastic nature, and its office is sufficiently well defined."

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*Physical and Therapeutic Properties of Chromate of Potash.*—M. Jacobson says that hemp, cotton, linen, &c. impregnated with this salt, become very combustible, and burn with a strong and lively incandescence, and with considerable disengagement of light and heat. He has employed this property of the chromate for the preparation of moxas. An important property of this salt, is its great solubility in water, and its power of preserving vegetable and animal matter from putrefaction. In the dissecting room, its value is very manifest, as it removes all disagreeable smell. M. Jacobson uses the chromate of potash, externally, as a resolvent; and when concentrated, as a caustic. Internally, taken in doses of one or two grains, it is an emetic.

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*Medical Science in the Kingdom of Oude.*—The King of Oude, so it is rumored, with a munificence and philanthropy worthy of his high station, has promised to set aside three lacs and fifty thousand rupees, for the purpose of founding at his capital a hospital or infirmary, intended for the education and instruction in medical and physical sciences of native practitioners, and for the reception and treatment of the sick and poor of his capital Lucknou.

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*Sleeplessness treated by the Respiration of Hydrogen Gas.*—When Allen and Pepys caused some Guinea pigs to breathe in an atmosphere of four parts of hydrogen to one of oxygen, these animals were soon thrown into a state of stupor, and fell asleep, without the supervention of any symptom of injury. In an experiment made at Stockholm (Sweden), by Charles de Wetterstedt, who caused a female of twenty years of age, who was the subject of phthisis pulmonalis, to respire during a quarter of an hour a mixture of one part oxygen and four parts of hydrogen gas, it occurred, almost invariably, that the patient, who had previously been tormented by sleeplessness, was taken with a desire to sleep, and fell into a profound



slumber, which was not followed by any perceptible change in the course of the malady.—*Transylvania Med. Journal.*

**Hypertrophy of the Cranium.**—M. Breschet lately presented to the Academie Royale de Médecine, the cranium of a child, aged 8 months, who had died of convulsions. At some points the cranial bones were at least an inch in thickness. This hypertrophy, so rare at this early age, was confined to the vault of the cranium—the base, and the bones of the face, not being affected.—*Rust's Magazin für gesammte.*

**TO CORRESPONDENTS.**—Several valuable communications from esteemed correspondents are on file. The Meteorological Table is crowded out of this No., but will be inserted in our next.

**DIED**—At Granville, Ms. Dr. Josiah Hatch, in the 84th year of his age.—In New Orleans, Dr. Daniel H. Boardman.

Whole number of deaths in Boston for the week ending Oct. 31, 43. Males, 20—Females, 23.

Of palsy, 2—typhous fever, 6—pleurisy, 1—cancer, 1—consumption, 12—unknown, 1—suicide, 1—old age, 2—teething, 2—infantile, 2—pleurisy fever, 1—inflammation of the bowels, 3—dysentery, 1—dropsy, 1—convulsions, 1—erysipelas, 1—apoplexy, 1—dropsy on the brain, 2—lung fever, 1—constipation, 1.

## ADVERTISEMENTS.

### MEDICAL BOOKS.

**An Introduction to the Study of Human Anatomy.** By JAMES PAXTON, Member of the Royal College of Surgeons, &c. &c. First American edition, with Additions by WINSLOW LEWIS, JR. M.D., Demonstrator of Anatomy to the Medical Department of Harvard University. 2 Vols.

"This work will speedily become the favorite anatomical guide of professional students, and of all those who are desirous of making themselves acquainted with the structure of the human body." *London Medical Gazette.*

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"This book is really what it professes to be, and what its name indicates. We would recommend this Guide to all practitioners who are refreshing their anatomical knowledge, and who are not so situated as to have access to a variety of books or plates, most of which are too expensive to be extensively owned."—*Boston Medical Magazine.*

The above works are introduced into many of the Medical Colleges in the United States, and the sale of the works is fast increasing.

Published by ALLEN & TICKNOR, corner of Washington and School Sts. Boston. N5—eop6w.

### LECTURES AT THE MASSACHUSETTS EYE AND EAR INFIRMARY.

A COURSE of Lectures on the Anatomy and Pathology of the Eye, illustrated by cases under treatment, will be delivered at the Rooms of the Eye Infirmary, to commence the first week in November, and continue three months, by JOHN JEFFRIES, M.D.

Boston, October 9, 1834.

Oct. 15.—eplm.

JAMES MANN, Preserver of Birds and Quadrupeds, Murray Place, 38 Prince Street, Boston, preserves and sets up Birds and Quadrupeds, Skeletons, &c.

Orders from gentlemen in the country punctually attended to.

Sept 17—tf

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